

**Cecil County Circuit Court
Adult Drug Treatment Court Referral Form**

Case #: _____

Name: First _____ Middle _____ Last _____

Address: _____

Telephone: Home: _____ Cell: _____ Work: _____

DOB: _____ SS#: _____ Sex: **M F** Race: _____

Instant Offense: _____ Arrest Date: _____ Summons Date: _____

Original Sentencing Judge: _____ Remaining Sentence: _____

INELIGIBLE CRIMES

(Prior conviction, current charge, any attempt, conspiracy to commit, or accessory before the fact.)

Abduction		
Arson (1 st degree)	Kidnapping	Possession with intent
Assault (1 st degree)	Firearm Offense	to distribute
Burglary (1 st degree)	Maiming	Rape (1 st / 2 nd degree)
Carjacking and Armed Carjacking	Mayhem	Robbery
Distribution	Murder (1 st / 2 nd degree)	Robbery with a deadly
Escape (1 st)	Manslaughter (voluntary / involuntary)	weapon

*** *IF CLIENT HAS AN INELIGIBLE CRIME, PLEASE NOTE IT AND SUBMIT THE FORM.
(limited exceptions apply)*

Is this applicant a U.S. citizen or legal resident?	Yes	or	No
Is the applicant's permanent residence in Cecil County?	Yes	or	No
Is the applicant eighteen (18) years of age or older?	Yes	or	No
Is there any indication of recent or past substance abuse?	Yes	or	No
Is the current charge or any prior conviction an INELIGIBLE crime?	Yes	or	No
Is the referred case a Violation of Probation?	Yes	or	No
Are there any other or concurrent parole or probation cases (regardless of jurisdiction)?	Yes	or	No
Was a firearm possessed or used in the offense?	Yes	or	No
Are there any other pending charges, violations of probation, warrants, sentencing or detainers (regardless of jurisdiction)?	Yes	or	No
IF SO, PLEASE ATTACH DOCUMENTATION.			
Has a plea been accepted and scheduled for ADTC sentencing? (It is not necessary to plea prior to referring the ADTC.)	Yes	or	No
Is the applicant incarcerated at the time of this application?	Yes	or	No

Plea Judge: _____ Plea Date: _____ ADTC sentencing date: _____

If a plea is heard before a Judge other than the ADTC Judge you must complete this referral form and obtain an ADTC sentencing date from the Assignment Office.)

Person completing this form: _____ Date: _____

Agency: _____ Phone: _____ Fax: _____

PLEASE FAX THIS REFERRAL TO:
Sheri Lazarus, Drug Court Coordinator, 410-996-5624